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[health.gov \(/\)](#) » [Health Care Quality and Patient Safety \(/hcq/\)](#) » [Prevent Health Care-Associated Infections \(HAI\)](#)

## National Targets and Metrics

The national acute care hospital targets for the National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination expired in December 2013. New targets for 2020 have been drafted based on discussions during a [conference held in Washington, DC in September 2013 \(/hcq/events-2013.asp\)](#).

[See the draft of proposed new targets for 2020 \[PDF – 107 KB\] \(pdfs/HAI-Targets.pdf\)](#).

## Monitoring Progress Toward Action Plan Goals

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- [Table: Summary of Progress Toward the Nine National Targets for Elimination of HAIs, 2011](#)
- [Central-line Associated Bloodstream Infections \(CLABSI\)](#)
- [Clostridium difficile \(Hospitalizations\)](#)
- [Clostridium difficile Infections](#)
- [Catheter-associated Urinary Tract Infections \(CAUTI\)](#)
- [MRSA invasive infections \(population\)](#)
- [MRSA Bacteremia \(Hospital\)](#)
- [Surgical Site Infections \(SSI\)](#)
- [Surgical Care Improvement Project \(SCIP\) Measures](#)

The Federal Steering Committee for the Prevention of Health Care-Associated Infections intends to review on an annual basis progress toward achieving the eight targets in the [National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination \(prevent-hai-action-plan.asp\)](#) (HAI Action Plan). The HAI Action Plan focuses on reducing the incidence of specific health care-associated infections and increasing adherence to specific sets of recommended prevention practices. Progress is steadily taking place. Below you will find a summary of the progress through October 2012:

- **Marked improvement in infection rates for central line-associated bloodstream**

**infections, health care-associated invasive methicillin-resistant *Staphylococcus aureus* (MRSA) infections, and surgical site infections**, constituting timely progress toward the 5-year targets;

- **Improvement in compliance with all five Surgical Care Improvement Project** process measures to reduce the risk of surgical site infections;
- **Leveling of hospitalizations with *Clostridium difficile* infection, but not a marked decrease.** More work is needed to reduce the rate to meet the 2013 goal.

**Table 1: Summary of Progress Toward the National Targets for Elimination of Health Care-Associated Infections**

<b>Metric</b>	<b>Source</b>	<b>National 5-year Prevention Target</b>	<b>On Track to Meet 2013 Targets?</b>
Bloodstream infections	NHSN	50% reduction	Yes
<i>Clostridium difficile</i> (hospitalizations)	HCUP	30% reduction	No
<i>Clostridium difficile</i> infections	NHSN	30% reduction	No
Urinary tract infections	NHSN	25% reduction	No
MRSA invasive infections (population)	EIP	50% reduction	Yes
MRSA bacteremia (hospital)	NHSN	25% reduction	No
Surgical site infections	NHSN	25% reduction	Yes

Surgical Care Improvement Project Measures	SCIP	95% adherence	Retired
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\* 2010 - 2011 is the baseline period.

EIP is the CDC's Emerging Infections Program; HCUP is AHRQ's Healthcare Cost and Utilization Project; NHSN is the CDC's National Healthcare Safety Network; SCIP is Surgical Care Improvement project.

## Summary of the Progress

The information below offers greater detail regarding the current progress toward the eight goals. It includes the baseline measure, the most current assessment, and additional notes on the measures and data.

### 1. Central Line-Associated Bloodstream Infections (CLABSI) (<http://www.cdc.gov/HAI/bsi/bsi.html>)

- **2013 National Prevention Target:** 50% reduction in CLABSI in intensive care unit (ICU) and ward-located patients or 0.50 Standardized Infection Ratio (SIR)

ON TRACK TO MEET TARGET\*

- **2012 Assessment (All inpatient locations in acute care hospitals, excluding long-term acute care facilities and rehabilitation facilities):** 44% reduction or 0.56 SIR
- **2011 Assessment [PDF - 254 KB] (<pdfs/clabsi2012.pdf>) (All inpatient locations in acute care hospitals, excluding long-term acute care facilities and rehabilitation facilities):** 41% reduction or 0.59 SIR
- **2010 Assessment (All inpatient locations in acute care hospitals and excluding long-term acute care facilities and rehabilitation facilities):** 32% reduction or 0.68 SIR
- **2010 Assessment (Non-Neonatal Intensive Care Units [NICUs] and wards):** 33% reduction or 0.67 SIR\*

\*This data was originally posted in October 2011. It was recalculated in April 2012 to account for more locations being used in the SIR calculation. The 2009 and 2010 SIR were initially calculated using only non-NICU ICUs and wards. The new methodology calculates the SIR using all inpatient locations in acute care hospitals and long-term acute care hospitals.

**Data source:** [CDC's National Healthcare Safety Network](http://www.cdc.gov/nhsn/)

(<http://www.cdc.gov/nhsn/>)

**Get more information on CLABSI** (<http://www.cdc.gov/hai/national-annual-sir/index.html>).

## **2. Clostridium difficile (hospitalizations) [PDF - 2MB]** ([http://www.hcup-us.ahrq.gov/reports/projections/CDI\\_Regional\\_projections\\_Final.pdf](http://www.hcup-us.ahrq.gov/reports/projections/CDI_Regional_projections_Final.pdf))

- **2013 National Prevention Target:** 30% reduction in hospitalizations with C. difficile

NOT ON TRACK TO MEET TARGET

- **2012 Assessment:** 13.6 hospitalizations per 1,000 discharges; 17.2% increase from baseline
- **2011 Assessment [PDF - 334KB]:** ([pdfs/clostridium\\_hospitalizations.pdf](#)) 12.4 hospitalizations per 1,000 discharges; 6.9% increase from baseline
- **Baseline Measurement (2008):** 11.6 hospitalizations with C. difficile per 1,000 discharges

**Data source:** [AHRQ's Healthcare Cost and Utilization Project](http://www.ahrq.gov/research/data/hcup/index.html) (<http://www.ahrq.gov/research/data/hcup/index.html>)

## **3. Clostridium difficile Infections** ([http://www.cdc.gov/HAI/organisms/cdiff/Cdiff\\_infect.html](http://www.cdc.gov/HAI/organisms/cdiff/Cdiff_infect.html))

- **2013 National Prevention Target:** 30% reduction in facility-wide health care facility-onset C. difficile or 0.70 SIR

NOT ON TRACK TO MEET TARGET

- **2012 Assessment:** 0.98 SIR; 2% decrease from baseline
- **Baseline Measurement [PDF - 342KB]** ([pdfs/cdiff\\_infections\\_2012.pdf](#)): 2010-2011 is the baseline period

**Data source:** [CDC's National Healthcare Safety Network](http://www.cdc.gov/nhsn/) (<http://www.cdc.gov/nhsn/>)

## **4. Catheter-Associated Urinary Tract Infections (CAUTI)** ([http://www.cdc.gov/HAI/ca\\_uti/uti.html](http://www.cdc.gov/HAI/ca_uti/uti.html))

- **2013 National Prevention Target:** 25% reduction in CAUTI in ICU and ward-located patients or 0.75 SIR

NOT ON TRACK TO MEET TARGET

- **2012 Assessment (all inpatient locations in acute care hospitals, excluding NICUs, long term acute care facilities, and rehabilitation facilities):** 2.0% increase or 1.02 SIR
- **2011 Assessment [PDF - 254KB] (pdfs/cauti2012.pdf) (all inpatient locations in acute care hospitals, excluding NICUs, long term acute care facilities, and rehabilitation facilities):** 7.0% reduction or 0.93 SIR
- **2010 Assessment (all inpatient locations, excluding NICUs and long-term acute care facilities and rehabilitation facilities):** 6.0% reduction or 0.94 SIR
- **2010 Assessment (Non-NICU ICUs and wards in acute care hospitals):** 7.0% reduction or 0.93 SIR\*

\*This data was originally posted in October 2011. It was recalculated in April 2012 to reflect the addition of long-term care acute facilities to the SIR calculation.

^The data source changed its surveillance definition for CAUTI in January 2009, so the five-year target period has been extended from 2013 to 2014.

**Data source:** CDC's National Healthcare Safety Network (<http://www.cdc.gov/nhsn/>)

**Get more information on CAUTI (<http://www.cdc.gov/hai/national-annual-sir/index.html>)**

## **5. MRSA Invasive Infections (Population) (<http://www.cdc.gov/mrsa/community/index.html>)**

- **2013 National Prevention Target:** 50% reduction in the incidence of health care-associated invasive MRSA infections

ON TRACK TO MEET TARGET

- **2012 Assessment:** 31% reduction; 18.74 infections per 100,000 persons
- **2011 Assessment [PDF - 307 KB] (pdfs/eipmrsa2012.pdf):** 26.3% reduction; 20.06 infections per 100,000 persons
- **2010 Assessment:** 19.7% reduction; 21.76 infections per 100,000 persons\*
- **Baseline Measurement (2007-2008):** 27.08 infections per 100,000 persons\*

\*The data source changed the methodology to more accurately reflect the data and now adjusts for sex and receipt of chronic dialysis, in addition to age and race, which were already included in the calculations.

**Data source:** CDC's Emerging Infections Program Active Bacterial Core Surveillance

(<http://www.cdc.gov/abcs/index.html>)

**Get more information on MRSA invasive (population).** (<http://www.cdc.gov/abcs/reports-findings/survreports/mrsa11.html>)

## **6. MRSA Bacteremia (Hospital)** (<http://www.cdc.gov/mrsa/healthcare/index.html>)\*

- **2013 National Prevention Target:** 25% reduction in facility-wide health care facility-onset MRSA or 0.75 SIR

NOT ON TRACK TO MEET TARGET

- **2012 Assessment:** 3% reduction or 0.97 SIR
- **Baseline Measurement [PDF - 295 KB]** ([pdfs/mrsa\\_bacteremia\\_2012.pdf](pdfs/mrsa_bacteremia_2012.pdf)): 2010-2011 is the baseline period

\* These data from the first half of 2012 are incomplete and therefore only preliminary at this time.

Due to a change in the data collection procedures in January 2010, the assessment period has been extended to December 2015, so that data are uniform for the entire period.

**Data source:** CDC's National Healthcare Safety Network (<http://www.cdc.gov/nhsn/>)

## **7. Surgical Site Infections (SSI)** (<http://www.cdc.gov/HAI/ssi/ssi.html>)

- **2013 National Prevention Target:** 25% reduction in admission and readmission SSI or 0.75 SIR

ON TRACK TO MEET TARGET

- **2012 Assessment:** 20% reduction or 0.80 SIR
- **2011 Assessment [PDF - 373KB]** (<pdfs/ssi2012.pdf>): 17% reduction or 0.83 SIR<sup>+</sup>
- **2010 Assessment:** 8% reduction or 0.92 SIR\*

<sup>+</sup>Reporting of deep incisional and organ/space SSIs attributable to 2011 continues through the end of calendar year 2012 per NHSN protocol requirements. Measure will be final in early 2013.

\*The data that was originally posted in October 2011 (10% reduction or 0.90 SIR) differs slightly from the revised number here due to additional facility reporting and adjustments made through evaluations and validation studies.


**Data source:** CDC's National Healthcare Safety Network (<http://www.cdc.gov/nhsn/>)

**Get more information on SSIs (<http://www.cdc.gov/hai/national-annual-sir/index.html>).**

## Conclusion

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Timely progress has been made toward most targets for which associated data are available. Although this progress is promising, continued efforts are needed to achieve the goals in the HAI Action Plan. In the case of *Clostridium difficile*, efforts must be enhanced and accelerated to achieve the target.

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